PTO/SB/80 (01-06)

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Assignee Name and Address: BioVascular, Inc.						
12230 El Camino Real, Suite 100						
San Diego, California 92130						
A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be						
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SIGNATURE of Assignee of Record						
The individual whose signature and title is supplied below is authorized to act on behalf of the assignee						
Signature Signature				Date 10 MAR 2008		
Name	Dr. Faul Gridden	Dr. Paul Gridden			Telephone 858-455-5000	
Title Vice President, Development						
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